

Institution/Division Name
Forensic Services Group
Employee Name and Address
James Hanchett [REDACTED]

Employee Reimbursement Form

Page 1 of

Employee ID # [REDACTED]	Employee or Contractor Title Lab Supervisor II	Bargaining Unit Unit 9	Appropriation 80000106	Unit 2530	
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Document Total:\$	Reconciliation Date:	Schedule Pay Date:	Budget FY 2013	
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Date		Description		Total Private Auto Mileage		Meals	Fares	Hotel	Other Expenses
				Odometer Readings Beginning	Odometer Readings Ending				
07/17/12		Mileage to and from Hampden Superior Court		128745	128795	50	\$22.50		2.25
07/31/12		Mileage to and from Hampden Superior Court		129630	129680	50	\$22.50		3.75

1
Object
B02
FY
2013

Total Expenses
\$ 24.75
\$ 26.25

									Total
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Employee's Certification: I herby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement. **Employee's Signature:**_____

Supervisor's Approval:	Title:	Date:
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Fiscal Verification:	Title:	Date:
Fiscal Approval:	Title:	Date:
Entered Into HR/CMS By:	Title:	Date:

\$	51.00
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Employee Reimbursement Form Con't

Institution/Division Name:		Employee ID #		Employee Name and Address					Page ____ of ____	
			Total Private Auto Mileage							
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							

Employee Reimbursement Form Con't

Employee's Certification: I herby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee's

Supervisor's Approval:	Title:	Date:
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Fiscal Verification: _____	Title: _____	Date: _____
Fiscal Approval: _____	Title: _____	Date: _____
Entered Into HR/CMS By: _____	Title: _____	Date: _____